



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation**

NSPS NOTIFICATION for ROCK CRUSHERS

Date: _____

- 1) Source ID #: _____
- 2) Company/Source Name: _____
- 3) Address (Location): _____
- 4) Contact Person(s): _____
- 5) 40 CFR 60 Subpart: 000
- 6) Subject Equipment: _____
- 7) Site ID #: _____
- 8) Site Location of Equipment: _____
- 9) Construction Tracking Number on Permit: C- _____

ACTION AND REQUIRED TIME PERIOD

DATE OF ACTION

_____ Actual facility start-up (within 15 days after)..... _____

_____ Maximum production achieved (within 15 days after)..... _____

_____ Scheduled performance test (30 days prior) _____

_____ Date of actual performance test _____

_____ Performance test report submitted (within 30 days) _____

Comments: _____

Return Completed forms to: Air Compliance Section
1000 SW Jackson, Suite 310
Topeka, Kansas 66612-1366
(785) 296-1544